

Glenn County Sheriff's Office Volunteers in Partnership with the Sheriff

APPLICATION

(Please type or print clearly)

Legal Name _____ Date: _____

DOB: _____ SS# _____ Driver's License #: _____

Home Address: _____

Street _____ City _____ Zip _____
Mailing Address: _____ E-Mail: _____

Home Ph: _____ Work Ph: _____ Cell: _____

Employer: _____ Occupation: _____

Supervisor: _____ Extension: _____

Employer's Address: _____

1) Are you a member of any civic groups or professional organizations? YES _____ NO _____
If yes, please list the organizations on page (5) five.

2) Have you ever been convicted of a misdemeanor? YES _____ NO _____
If yes, please list date of conviction and charge. _____

3) Have you ever been convicted of a felony? YES _____ NO _____
If yes, please list date of conviction and charge. _____

4) Why do you want to be a VIP? _____

The following information is true to the best of my knowledge. I authorize the Glenn County Sheriff's Office to conduct a background check prior to my acceptance into the VIPS program.

Signature

Date

Glenn County Sheriff's Office Volunteers in Partnership with the Sheriff

PERSONAL HISTORY QUESTIONNAIRE

Personal Information:

1. Legal name: _____
2. List all names you have used or have been known by (aliases, maiden, nicknames, etc.) _____

3. Date of Birth: _____ Place of birth: _____
4. U.S. Citizen: YES _____ NO _____
5. Social Security number: _____
6. Martial Status: _____ Spouses Name _____ Children _____
7. Residence Address: _____
8. Home Phone: _____ Work Phone: _____
9. Cell phone: _____ 10. Email: _____

Motor Vehicle Information:

- 1) Driver's License#: _____ Expiration Date: _____
Type or Class: _____ State: _____
- 2) Has any driver's license issued to you contained any specific limitations, restrictions, or special conditions? _____ If yes, please give details. _____

- 3) Has your driver's license ever been suspended, revoked, or placed on negligence operations probation? _____ If yes, please give details. _____

- 4) Please give the total number of hazardous citations you have received as a driver. _____

Glenn County Sheriff's Office

Volunteers in Partnership with the Sheriff

EDUCATION

Please list all schools attended, beginning with high school including any trade school and college. Please begin with your most recent attendance.

School / Location: _____

Date: From _____ to _____

Degree, certificate, or diploma earned. _____

School / Location: _____

Dates: From _____ to _____

Degree, certificate, or diploma earned. _____

School / Location: _____

Dates: From _____ to _____

Degree, certificate, or diploma earned. _____

School / Location: _____

Date: From _____ to _____

Degree, certificate, or diploma earned. _____

PERSONAL REFERENCES

Please list three (3) persons who know you well enough to provide information about you. Do not list relatives or former employers.

Name: _____

Address: _____

Home Phone: _____

Work Number: _____

Occupation: _____

Employer: _____

Name: _____

Address: _____

Home Phone: _____

Work Number: _____

Occupation: _____

Employer: _____

Name: _____

Address: _____

Home Phone: _____

Work Number: _____

Occupation: _____

Employer: _____

Glenn County Sheriff's Office

Volunteers in Partnership with the Sheriff

EMPLOYMENT

Please list all your jobs including part-time, full-time, temporary, and volunteer positions that you have held in the past ten years. List all intervening periods of unemployment or military service in their proper sequence. Please begin with the most current employment.

Dates: _____ to _____ Employer: _____
Title: _____ Supervisor: _____
F/T _____ P/T _____ Volunteer _____ No. of hours per week: _____
Duties: _____
Reason for leaving: _____

Dates: _____ to _____ Employer: _____
Title: _____ Supervisor: _____
F/T _____ P/T _____ Volunteer _____ No. of hours per week: _____
Duties: _____
Reason for leaving: _____

Dates: _____ to _____ Employer: _____
Title: _____ Supervisor: _____
F/T _____ P/T _____ Volunteer _____ No. of hours per week: _____
Duties: _____
Reason for leaving: _____

Dates: _____ to _____ Employer: _____
Title: _____ Supervisor: _____
F/T _____ P/T _____ Volunteer _____ No. of hours per week: _____
Duties: _____
Reason for leaving: _____

Dates: _____ to _____ Employer: _____
Title: _____ Supervisor: _____
F/T _____ P/T _____ Volunteer _____ No. of hours per week: _____
Duties: _____
Reason for leaving: _____

1) If you have not been employed within the past seven years, please explain: _____

2) Have you ever been fired or asked to resign from any place of employment? Yes ____ No ____
If yes, Please explain: _____

Glenn County Sheriff's Office

Volunteers in Partnership with the Sheriff

ORGANIZATIONS:

1) List all organizations, clubs, professional societies, fraternities, labor organizations, and sororities of which you or have been a member.

Organization: _____
From: _____ to _____ Office Held: _____

Organization: _____
From: _____ to _____ Office Held: _____

Organization: _____
From: _____ to _____ Office Held: _____

2) Do you speak any foreign languages? _____

3) Have you ever applied for a permit to carry a concealed weapon? _____. (Give details)
Permit granted: Yes ____ No ____ Date: _____ Agency _____
Purpose: _____

4) Is there anything in your past that might disqualify you from functioning as a member of the VIPS? If yes, Explain. _____

LEGAL INFORMATION

1) If you have ever been arrested for, or convicted of, any crime please provide the following information: (Exclude traffic citations under \$500)

Date: _____ Police Agency: _____
Circumstances/Disposition: _____

2) Have you ever been placed on court probation as an adult? _____ If yes, please explain: _____

3) Were you ever required to appear before a juvenile court for a felony? _____. If yes, please give details. _____

4) Are you now or have you ever been involved as a plaintiff or defendant in any civic court action? _____
If yes, please give details. _____

Glenn County Sheriff's Office Volunteers in Partnership with the Sheriff

SKILLS and INTERESTS

Name: _____

When/where is the best time/place to contact you? _____

Since this is volunteer work, we desire to place you in a volunteer activity you will enjoy and are qualified for. We will consider the information provided by you to identify your skills and interests. We have left space after each category for you to give us some details about your skills and interests.

Computer skills, data entry, etc. _____

Report writing skills. _____

Search and Rescue _____

Bilingual _____

Office skills, (i.e., 10 key, typing, phones, filing.) _____

Comments: _____

I would like to volunteer in the following areas:

- | | |
|----------------------------------|----------------------------------|
| _____ Special Events | _____ Special projects |
| _____ Patrol | _____ Handicap parking citations |
| _____ Night Patrol | _____ Crime scene perimeters |
| _____ Neighborhood Watch | _____ Traffic control |
| _____ Assist with police reports | _____ Lost and Found Persons |
| _____ Records / Filing | _____ Other |

Comments: _____

Glenn County Sheriff's Office Volunteers in Partnership with the Sheriff

MEDICAL INFORMATION

Name: _____ Please print _____ DOB: _____

Blood Type: _____ Choice of Hospital: _____

ALLERGIES (medications, bees, etc) _____

Medical History: (Seizures, visual disorders, hearing loss, heart disease, etc.) _____

Medications: (used daily) _____

Medical Insurance: _____ Policy# _____

Primary Physician: _____ Phone number: _____

Emergency contacts: (Please give name, address, and phone number)

Do you have any medical or mental condition that will interfere with you doing your duties as a Volunteer In Police Service (VIP). Yes _____ No _____

Explain: _____

Glenn County Sheriff's Office Volunteers in Partnership with the Sheriff

AUTHORIZATION TO RELEASE INFORMATION

NAME: _____

DOB: _____ SS#: _____

To Whom It May Concern:

I am an applicant with the Glenn County Sheriff's Office for the position of Volunteer in Partnership with the Sheriff.

The Glenn County Sheriff's Office is authorized to inquire into all areas of my background, which may affect my suitability to be employed as a volunteer and they have reason to believe that you may have information relevant to that purpose concerning me.

I hereby authorize you, your organization, and/or persons in your employ to release any and all information you have concerning me, including information that may be confidential, privileged information, official employee documents, employment performance data, character reference information, educational records, transcripts, medical information, surgical information, dental information, psychological information, dental records (customarily protected under the Medical Records Privacy Act), credit and financial information (customarily protected under the Banking Privacy Act and Fair Credit Reporting Act), and/or any other information which you may possess. I release and hold Harmless you, your organization, its officers, agents, and assigns, from any liability or damages, whether in law or equity, now and in the future for furnishing the information requested by the bearer of this authorization form.

I have specifically and permanently waived any rights I may have to review or inspect any and all information developed in this investigation, so your responses will be completely confidential. You may retain this form for your files.

I certify that I have read this authorization form, understand its meaning and purpose, and have received a copy of it.

Date

Applicant

Date

Witness

Glenn County Sheriff's Office Volunteers in Partnership with the Sheriff

RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF
PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATE FOR
VOLUNTEERS IN PARTNERSHIP WITH THE SHERIFF SERVICE MEMBERS

APPLICANT: _____
DOB: _____ SS#: _____

I fully recognize that individuals must clearly demonstrate their personal, medical, physical, and psychological fitness to serve in the position of a Volunteer in Partnership with the Sheriff. I further recognize that a law enforcement agency has a moral obligation to make every reasonable effort to insure that persons entrusted to them as volunteers, conform to the very highest standards.

To that end, I recognize that a law enforcement agency will conduct an intensive investigation into my personal, medical, and psychological fitness, and that such an investigation will include contacting persons and/or organizations who have information relating to my fitness. I further understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing legitimate information concerning me if the confidentiality of their information cannot be guaranteed on a permanent basis.

Therefore, I release and hold harmless the Glenn County Sheriff's Office, their Deputies, agents, or assigns, now and in the future, from any claim or damages in law or in equity on behalf of myself, my heirs, and my assigns, for their refusal to make available any and all of the information contained in this pre-employment personal, medical, and/or psychological history investigation, including but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any such information supplied. I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this _____ day of _____, 20_____, in the City of _____, County
of _____.

Signature of Person Giving Informed Consent

Witness

Glenn County Sheriff's Office

Volunteers in Partnership with the Sheriff

The Volunteers in Partnership with the Sheriff (VIPS) is a program sponsored by the Glenn County Sheriff's Office. The program is designed to have citizen volunteers perform/aid with law enforcement tasks to help the department provide quality law enforcement services to our community.

VIPS members wear a uniform and are utilized by the department in a variety of ways. Volunteers are the eyes and ears of the department and assist with patrol assignments, parking enforcement, hospitality services, data entry, traffic details, security details, crime scene security/integrity and more.

VIPS members must attend and graduate the Glenn County Sheriff's Office Citizen's Academy within one year of active service within the VIPS program. A member who can show proof they have completed an outside agencies Citizens Academy may not have to attend the Glenn County Citizens Academy. The decision will be approved on a case by case basis by the Sheriff or designee. The Citizen's Academy is a 10-week informative program which focuses on the operations of the Sheriff's Office, Law Enforcement in general and the duties of a VIPS member.

VIPS must be 18 years of age or older and pass a background investigation. Volunteers will be selected based on their decision making skills, maturity, and ability to work within the team concept.

Volunteers have been a part of policing for many years. The program is directly in line with the community policing philosophy of the Glenn County Sheriff's Office, to work in partnership with all citizens to protect life and property and to enhance the quality of life for each person living in the Glenn County Community.

If you have any questions regarding the VIPS program, please contact Detective Charles Barnes at 530-934-1608 or email him at cbarnes@countyofglenn.net .

We, the men and women of this department, stand by our motto:
Commitment to Service, Dedication to Community.

Sincerely,

Charles Barnes

Charles Barnes
Detective/ K-9 Handler

Glenn County Sheriff's Office

Volunteers in Partnership with the Sheriff

QUALIFICATIONS

- Interested citizens must complete a VIPS application. A Personal History file is included to allow for background checks.
- Applicants must be at least 18 years of age and preferably possess education equivalent to a high school diploma.
- Applicants must complete the Citizen's Academy within one year of membership. Exceptions may be made at the discretion of the Sheriff or his designee.
- All Applicants will be finger printed for the purposes of completing a criminal history/background check.
- A copy of the applicant's valid California driver's license or Identification card must be submitted with the application.
- Members will be required to volunteer a minimum of 10 hours per quarter (three-month period) to the organization.
- All members will be required to obtain a full uniform according to the Uniform Code. Optional items may be purchased if desired as long as they are approved by the department.

All applications will be reviewed and considered without regard to race, religion, gender, national origin, age or any other basis protected by federal, state, or local law. All applications will be reviewed and considered by the Sheriff or his designee. The applicant will be notified of the outcome of the background/application results when completed.